

FILED MAY 28 1986

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1986

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3727 Wyoming Street / Apt. 1st Floor South
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ---
(Specify whether
In this community 75 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3727 Wyo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME Mrs. Emeline Wells

3. (b) If veteran, name war: No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife W. O. Wells 6. (c) Age of husband or wife if alive: --- years

7. Birth date of deceased: February 1 1850
(Month) (Day) (Year)

8. AGE: Years 92 Months 3 Days 18 If less than one day: hr. min.

9. Birthplace: Milwaukee Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: ---

12. Name: Charles Slosson

13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Nancy Unknown

15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Miss Helen Wells

(b) Address: 3727 Wyoming
17. (a) Burial (b) Date thereof: 5-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: O. W. Newcomer's Sons

(b) Address: 1401 Brush Creek Blvd.

19. (a) 5-21-42 (b) M. M. Browe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1942 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1935
19... to May 19 1942
that I last saw her alive on 5-18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Senile degenerative changes Duration Four days
transient
myocardial failure few hrs.

Due to: Senile degenerative changes Several years

Due to: 162 B

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: _____
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? (c) Means of injury: D
23. Signature: Harold M. Roberts (M. D. or other) M.D.
Address: 1103 Grand, KC MO Date signed: 5-19-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

48
803

361

1600 Professional Body
2-57-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

C Hervey Quisenberry

Licensed Embalmer No.....

4070

P. O. Address.....

H. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.